

## **BUILDING A FAITH-BASED RESPONSE TO HIV/AIDS IN THE CARIBBEAN**

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# **GUIDELINES FOR CARIBBEAN FAITH – BASED ORGANISATIONS IN DEVELOPING POLICIES AND ACTION PLANS TO DEAL WITH HIV/AIDS**

## **HIV/AIDS in the Caribbean**

Despite early and sustained efforts, the HIV/AIDS epidemic continues to spread and to pose severe challenges in the Caribbean. HIV prevalence in this region is second only to that of Sub-Saharan Africa.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that between 1.9 and 3.1% of Caribbean adults of reproductive age - persons 15-49 years old - were living with HIV/AIDS in 2003. It also estimates that 52,000 Caribbean adults and children were newly infected with HIV during 2003; that an estimated 430,000 adults and children were living with HIV/AIDS and that approximately 35,000 persons had died of AIDS in the same period. AIDS is now the leading cause of death among Caribbean males and females of reproductive age.

In many parts of the world, and the Caribbean is no exception, the HIV/AIDS epidemic disproportionately affects younger populations, and in particular young females. In this region, youth and young adults, whether in or out of school, are the group most vulnerable to HIV infection. The Caribbean Epidemiology Centre (CAREC) reports that, during 1982-2002, 73% of those diagnosed with HIV were between 15 and 44, and that almost 50% of that group were young people between 25 and 34 years.

But, our females in general and, in particular, young women aged 15 to 19 are by far the most vulnerable. According to UNAIDS 2004 Report on the Global AIDS Epidemic, countries where heterosexual sex was the main mode of HIV transmission were increasingly seeing higher HIV prevalence among women and that “this trend was most marked in the Caribbean and Sub-Saharan Africa.” According to CAREC the annual HIV incidence among Caribbean females aged 15 to 24 is three to six times higher than among their male counterparts.

The HIV/AIDS epidemic in the Caribbean region can no longer be considered just a health issue; it must now be recognized as one of the major development challenges affecting the region. There is no social class or group that remains untouched by the epidemic, which continues to spread relentlessly in most parts of the region, with devastating impact.

In addition, a major feature of the epidemic is the growing numbers of persons living with HIV/AIDS (PLWHA) and affected families requiring care and support. The changing profile of the epidemic has already begun to impact not only the health sector but also the economic resources in the Region in terms of loss of human potential and productivity. A study by the

University of the West Indies predicted that the total cost (direct and indirect), of the epidemic in the Caribbean would have reached US\$20MN in 1995 and US\$80MN in the year 2020.

### **Behavioural Factors Driving the HIV/AIDS Epidemic in the Caribbean**

In the Caribbean, the main means of transmission of HIV/AIDS infection is sexual contact with infected persons. The primary mode of sexual transmission has changed from predominantly a homosexual one to a bisexual and heterosexual one. The risk of transmission is aggravated by certain sexual practices such as having multiple sexual partners, casual sex, violent sexual intercourse, and commercial sex.

Some common factors driving the epidemic include:

- Social, cultural and religious taboos regarding sexuality in young people, which preclude frank discussion and education of young people about critically important life and communications skills that pertain to sexual behaviour.
- Poor gender relations, for example: male socialization, including social norms condoning and even encouraging multiple sex partners in men but expecting monogamy in women; male dominance in sexual relationships; female emotional and socio-economic dependence; and poor communication between partners about sexual needs.
- Women in religious communities who believe they are safe, but who are a vulnerable group because of the risk-taking behaviour of their male partners.
- Lack of integration of spiritual values and beliefs that results in risky behaviours.
- The imbalance of power both between and within genders which often provokes vulnerability and leads to various forms of abuse.
- Early sexual initiation of many young persons, including the initiation of younger women, most often teenagers, by older men.
- Deepening sex patterns in the region such as sex tourism; sex work among children, youth, working women and housewives; and bi-sexual behaviour.
- The abuse of mind-altering drugs, especially marijuana, cocaine and alcohol, which impair judgement and increase the risk of unsafe sexual choices.
- Stigmatization and discrimination of persons living with HIV/AIDS (PLWHA) have helped to drive the epidemic underground. Many PLWHA are denied basic human and social rights, including jobs, housing and access to care. Coupled with this is the fact that many people do not know their status, and the climate of discrimination does not encourage them to find out.
- Despite high public awareness and knowledge levels regarding the disease, the epidemic itself and messages promoting behaviour change have not impacted sufficiently on high risk behaviours. Knowledge is necessary but not sufficient. In the fight against HIV/AIDS, knowledge and heightened public awareness have not led to behaviour change. Caribbean FBOs are called upon to discover and develop strategies which would lead to sustained and responsible behaviour change.

- Poverty with its psychological, social and economic consequences.